



P.O. BOX 391820 • ANZA, CA 92539 • PHONE: 951-659-2700 • FAX: 951-659-2228

## Tribal Rental Maintenance Request

☐ Tribal Member ☐ Non-Tribal Member

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Please make sure to check below all that apply.)

☐ Tribal Rental ☐ Emergency ☐ Elder ☐ Disabled ☐ Substandard

☐ Plumbing ☐ Electrical ☐ Septic ☐ Structural ☐ Leak ☐ Other: \_\_\_\_\_

Please describe in detail of repairs and or replacements that are needed.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## HOUSING ASSISTANCE VERIFICATION

To be filled out by representative of the SRHC

- 1) Has applicant had previous housing assistance request with in calendar year? ☐ Y ☐ N

If so: Date: \_\_\_\_\_ Amount: \_\_\_\_\_

- 2) Supporting documents been submitted with application? ☐ Y ☐ N

If so: ☐ Quote \_\_\_\_\_ ☐ Denial Letter \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3) Motion: For \_\_\_\_\_ Against \_\_\_\_\_ Abstain \_\_\_\_\_  
Date: \_\_\_\_\_

- 4) Tribal Funds Available: ☐ Y ☐ N

- 5) Application Complete: ☐ Y ☐ N

- 6) Date Application Received : \_\_\_\_\_

- 7) Recommendation to TC date: \_\_\_\_\_

- 8) Date NOA mailed: \_\_\_\_\_

- 9) Request recommended for: ☐ Approval ☐ Denial

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| <b>Motion:</b> _____ |
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**Denial Reason:**

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SRHC Rep: \_\_\_\_\_